milestone HCQU West

Intensive Technical Assistance Request Form

Date:

Person for whom ITA is being requested:

Date of Birth:

Funding County: **Residing County:**

County Coordinator	
Name:	**E-mail:**

Current Diagnosis:

Is this a HCSIS Corrective Action? Yes ☐ No ☐

Does this person have a mental health diagnosis? Yes ☐ No ☐

Is the Criminal Justice System involved? Yes ☐ No ☐

Does this person live in a:

- ☐ Community Home
- ☐ Family Living Provider
- ☐ With Family
- ☐ On Their Own
- ☐ Other

***Please Fax* ISP to (724) 283-1012**

Agency Information	Support Coordinator
Name:	**Name:**
Title:	**Title:**
Address:	**Address:**
Phone:	**Phone:**
E-mail:	**E-mail:**

Support Coordinator Supervisor	
Name:	**E-mail:**

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Intensive Technical Assistance Request Form

Person for whom ITA is being requested:

Reason for Request:

Request to borrow iPad: Yes ☐ No ☐

Acuity Level and Approval
Must be completed by member of Management Oversight Committee 1. ☐ Low Risk Request for Education 2. ☐ Mild Risk- Person/Team Requires Assistance 3. ☐ Moderate Risk- Medically/Behaviorally Complex 4. ☐ High Risk- Risk of Discharge/Danger to Community/Self/Others/Acute Medical Issues **Coordinator Name:**
Approval: Yes ☐ No ☐
Comments:

Please submit all completed forms to the person's funding county AE for approval.

AE's with your approval, please submit request to kfisher@MilestonePA.org

Milestone HCQU West | 1777 North Main St. Ext., Butler, PA 16001

(o) 724-283-0990 | (f) 724-283-1012 | MilestonePA.org